

# Exhibit 9

**1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 1989** (B)

Label  Use IRS label. Otherwise, please print or type.	For the year Jan.–Dec. 31, 1989, or other tax year beginning _____, ending _____		19 OMB No. 1545-DO74
	Your first name and initial <b>David M.</b> Last name <b>Nosemeyer</b> If a joint return, spouse's first name and initial <b>Tachl</b> Last name <b>Hodding</b> Home address (number and street). (If a P.O. box, see page 7 of instructions.) <b>425 East 51st Street</b> Apt. no. <b>SA-6A</b> City, town or post office, state and ZIP code. (If a foreign address, see page 7.) <b>New York, New York 10022</b>		
Presidential Election Campaign	<input checked="" type="checkbox"/> Do you want \$1 to go to this fund? <input checked="" type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund?		<b>X Yes</b> <b>No</b> <b>X Yes</b> <b>No</b>
			<small>Note: Checking "Yes" will not change your tax or reduce your refund.</small>
Filing Status	1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 7 of instructions.) If the qualifying person is your child but not your dependent, enter child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ► 19 ). (See page 7 of instructions.)		2
Exemptions  (See instructions on page 8.)	6a <input checked="" type="checkbox"/> Yourself If someone (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.		2
	b <input checked="" type="checkbox"/> Spouse c Dependents: (1) Name (first, initial, and last name)      (2) Check if under age 2      (3) If age 2 or older, dependent's social security number _____      _____      _____ _____      _____      _____ _____      _____      _____ _____      _____      _____ _____      _____      _____ _____      _____      _____ d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ► <input type="checkbox"/> e Total number of exemptions claimed _____		
Income  Please attach copy B of your forms W-2, W-2G, and W-2P here.  You do not have W-2, see page 6 of instructions.  Each check money here.  Instructions (page 14.)	7 Wages, salaries, tips, etc. (attach Form(s) W-2) 8a Taxable interest income (also attach Schedule B if over \$400) b Tax-exempt interest income (see page 10). DON'T include on line 8a. 8b 9 Dividend income (also attach Schedule B if over \$400) 10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of instructions. 11 Alimony received 12 Business income or (loss) (attach Schedule C) 13 Capital gain or (loss) (attach Schedule D) 14 Capital gain distributions not reported on line 13 (see page 11) 15 Other gains or (losses) (attach Form 4797)		2
	16a Total IRA distributions      16b Taxable amount (see page 11) 17a Total pensions and annuities      17b Taxable amount (see page 12) 18 Rent, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 20 Unemployment compensation (insurance) (see page 13) 21a Social security benefits      21b Taxable amount (see page 13) 22 Other income (list type and amount—see page 19) 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ►		
Adjustments Income  Instructions (page 14.)	24 Your IRA deduction, from applicable worksheet on page 14 or 15 25 Spouse's IRA deduction, from applicable worksheet on page 14 or 15 26 Self-employed health insurance deduction, from worksheet on page 15 27 Keogh retirement plan and self-employed SEP deduction 28 Penalty on early withdrawal of savings 29 Alimony paid, a Recipient's last name and b social security number		2
	30 Add lines 24 through 29. These are your total adjustments ► 31 Subtract line 30 from line 23. This is your adjusted gross income. If this line is less than \$19,940 and a child lived with you, see "Earned Income Credit" (line 58) on page 20 of the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions ►		

**PLAINTIFF'S  
EXHIBIT**

57-2128-10M

TH441

Filed 06/20/2008

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Tax Computation	Page 2		
32 Amount from line 31 (adjusted gross income) . . . . .	32	462,182	80
33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here. . . . .	33a		
b If someone (such as your parent) can claim you as a dependent, check here . . . . .	33b	<input type="checkbox"/>	
c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here . . . . .	33c	<input type="checkbox"/>	
34 Enter the larger of: * Your standard deduction (from page 17 of the Instructions), OR * Your Itemized deductions (from Schedule A, line 26). If you Itemize, attach Schedule A and check here . . . . .	34	182,145	94
35 Subtract line 34 from line 32. Enter the result here . . . . .	35	174,036	86
36 Multiply \$2,000 by the total number of exemptions claimed on line 6. . . . .	36	4,000	00
37 Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero). Caution: If under age 14 and you have more than \$1,000 of investment income, check here and see page 17 to see if you have to use Form 8615 to figure your tax.	37	170,036	86
38 Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input checked="" type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615. (If any is from Form(s) 8814, enter that amount here ► d _____.)	38	74,730	32
39 Additional taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4970, b <input type="checkbox"/> Form 4972.	39		00
40 Add lines 38 and 39. Enter the total . . . . .	40	74,730	32
41 Credit for child and dependent care expenses (attach Form 2441)	41		
42 Credit for the elderly or the disabled (attach Schedule R)	42		
43 Foreign tax credit (attach Form 1116)	43		
44 General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify) _____	44		
45 Credit for prior year minimum tax (attach Form 8803)	45		
46 Add lines 41 through 45. Enter the total . . . . .	46		00
47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) . . . . .	47	74,730	32
48 Self-employment tax (attach Schedule SE)	48		
49 Alternative minimum tax (attach Form 6251)	49		
50 Recapture taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	50		
51 Social security tax on tip income not reported to employer (attach Form 4137)	51		
52 Tax on an IRA or a qualified retirement plan (attach Form 5329)	52		
53 Add lines 47 through 52. Enter the total . . . . .	53	74,730	32
54 Supplemental Medicare premium (attach Form 8808)	54		00
55 Add lines 53 and 54. This is your total tax and any supplemental Medicare premium . . . . .	55	74,730	32
56 Federal income tax withheld (if any is from Form(s) 1099, check ► <input type="checkbox"/> )	56	72,625	58
57 1989 estimated tax payments and amount applied from 1988 return	57		
58 Earned income credit (see page 20) . . . . .	58		
59 Amount paid with Form 4868 (extension request)	59		
60 Excess social security tax and RRTA tax withheld (see page 20)	60		
61 Credit for Federal tax on fuels (attach Form 4136)	61		
62 Regulated investment company credit (attach Form 2439)	62		
63 Add lines 56 through 62. These are your total payments . . . . .	63	72,625	58
64 If line 63 is larger than line 55, enter amount OVERPAID . . . . .	64		
65 Amount of line 64 to be REFUNDED TO YOU . . . . .	65		
66 Amount of line 64 to be APPLIED TO YOUR 1990 ESTIMATED TAX ► 66	66		
67 If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1989 Form 1040" on it . . . . .	67	4,104	74
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Date	Your occupation
<i>Daniel M. Yerkes</i>		4-13-90	Vice President & General Counsel
Spouse's signature (if joint return, BOTH must sign)		Date	Spouse's occupation
<i>Jean Harding</i>		4-13-90	Vice President & General Counsel
Preparer's signature		Date	Preparer's social security no.
		<input type="checkbox"/> self-employed	
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

\*U.S.G.P.O. 1989-245-447/448/449/519 E.I. 43-0782223

TH442

**SCHEDULES A & B  
(Form 1040)**

 Department of the Treasury  
Internal Revenue Service (B)

Name(s) shown on Form 1040

**Schedule A—Itemized Deductions**

(Schedule B is on back)

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

**1989**

Attachment Sequence No. 07

Your social security number

<i>David M. Nasemore and Tochil Herding</i>			
<b>Medical and Dental Expenses</b> (Do not include expenses reimbursed or paid by others.)  (See instructions on page 23.)  <b>Taxes You Paid</b> (See instructions on page 24.)  <b>Interest You Paid</b> (See instructions on page 24.)  <b>Gifts to Charity</b> (See instructions on page 25.)  <b>Casually and Theft Losses</b>  <b>Moving Expenses</b>  <b>Job Expenses and Most Other Miscellaneous Deductions</b>  (See page 25 for expenses to deduct here.)  <b>Other Miscellaneous Deductions</b>  <b>Total Itemized Deductions</b>		<b>1a</b> Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc. ►  <b>1b</b> Add the amounts on lines 1a and 1b. Enter the total here.  <b>2</b> Multiply the amount on Form 1040, line 32, by 7.5% (.075).  <b>3</b> Subtract line 3 from line 2. If zero or less, enter -0. Total medical and dental ►  <b>4</b> State and local income taxes  <b>5</b> Real estate taxes  <b>6</b> Other taxes. (List—include personal property taxes.) ►  <b>7</b> Tax on Automobiles, Furniture, Books, Mats  <b>8</b> Add the amounts on lines 5 through 7. Enter the total here. Total taxes ►  <b>9a</b> Deductible home mortgage interest (from Form 1098) that you paid to financial institutions. Report deductible points on line 10.  <b>9b</b> Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ►  <b>10</b> Deductible points. (See Instructions for special rules.)  <b>11</b> Deductible investment interest. (See page 25.)  <b>12a</b> Personal interest you paid. (See page 25.) ►  <b>12b</b> Multiply the amount on line 12a by 20% (.20). Enter the result.  <b>13</b> Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest ►  <b>14</b> Contributions by cash or check. (If you gave \$3,000 or more to any one organization, show to whom you gave and how much you gave.) ► <i>St. Mary's (Cres. Mass.) - \$4,450</i>  <b>15</b> Other than cash or check. (You must attach Form 8283 if over \$500.)  <b>16</b> Carryover from prior year  <b>17</b> Add the amounts on lines 14 through 16. Enter the total here. Total contributions ►  <b>18</b> Casualty or theft loss(es) (attach Form 4684). (See page 26 of the Instructions.) ►  <b>19</b> Moving expenses (attach Form 3903 or 3903F). (See page 26 of the Instructions.) ►  <b>20</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See Instructions.) ►  <b>21</b> Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ►  <b>22</b> Add the amounts on lines 20 and 21. Enter the total.  <b>23</b> Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the result here.  <b>24</b> Subtract line 23 from line 22. Enter the result. If zero or less, enter -0. ►  <b>25</b> Other (from list on page 26 of Instructions). List type and amount ►  <b>26</b> Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 17 of the Instructions. ►	<b>1a</b>  <b>1b</b>  <b>2</b>  <b>3</b>  <b>4</b>  <b>5</b> 154,396 24 <b>6</b> 9,928 92 <b>7</b> 172 81  <b>8</b> 164,497 87  <b>9a</b> 4,575 66  <b>9b</b>  <b>10</b>  <b>11</b>  <b>12a</b> 49 55  <b>12b</b> 9 91  <b>13</b> 4,605 57  <b>14</b> 17,042 50  <b>15</b>  <b>16</b>  <b>17</b> 17,042 50  <b>18</b>  <b>19</b>  <b>20</b>  <b>21</b>  <b>22</b>  <b>23</b>  <b>24</b>  <b>25</b>  <b>26</b> 188,145 94

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1989

TH443

## Schedules A-B (Form 1040) 1989

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

David M. Naseman and Toobt Harding

OMB No. 1545-0074  
Page  
Your social security numberAttachment  
Sequence No. 01

## Schedule B—Interest and Dividend Income

Part I  
Interest  
Income(See  
Instructions on  
pages 10 and 27.)

Note: If you received a Form 1099-INT or Form 1099-OID from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

If you received more than \$400 in taxable interest income, you must complete Parts I and III. List ALL interest received in Part I. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 27.

## Interest Income

	Amount	
1	00	
1 Interest income from seller-financed mortgages. (See Instructions and list name of payer.) ►		
2 Other interest income. (List name of payer.) ►		
Republic National Bank of N.Y. Form 1099-INT. Republic National Bank of N.Y. Form 1099-INT.	34,999	77
	18,985	76
3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a. ►	3	53,985
		53

Part II  
Dividend  
Income(See  
Instructions on  
pages 10 and  
27.)

Note: If you received a Form 1099-DIV from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 27.

## Dividend Income

	Amount	
4	00	
4 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ►		
Merrill Lynch, Pierce, Fenner & Smith Inc. Form 1099-DIV.	1,694	64
5 Add the amounts on line 4. Enter the total here	5	1,694
6 Capital gain distributions. Enter here and on Schedule D.	6	00
7 Nontaxable distributions. (See the instructions for Form 1040, line 9.)	7	00
8 Add the amounts on lines 6 and 7. Enter the total here	8	00
9 Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9. ►	9	1,694
*If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.		

Part III  
Foreign  
Accounts  
and  
Foreign  
Trusts(See  
Instructions  
on page 27.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

Yes	No
	X

10a At any time during 1989, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 27 of the instructions for exceptions and filing requirements for Form TD F90-22.1.)

b If "Yes," enter the name of the foreign country ►

11 Were you the grantor of, or transferor to, a foreign trust that existed during 1989, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926.

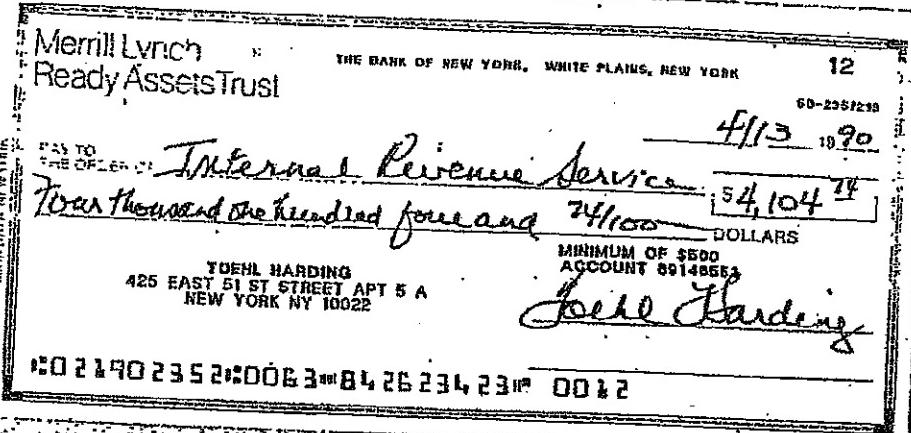
For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 1989

U.S.G.P.O. 1989-245-447/448/449/510 E 1

TH444

1 Control number		OMB No. 1545-0008		Copy D is to be filed with employer's FEDERAL tax return This information is being furnished to the Internal Revenue Service	
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's state ID. number	
<b>LIN BROADCASTING CORPORATION</b> <b>1370 AVENUE OF THE AMERICAS</b> <b>NEW YORK, NEW YORK 10019.</b>		<b>62-0673800</b>			
5 Statutory deferred pension plan		6 Legal def'd comp'n		7 Allocates tips	
6 Employee's social security number		9 Federal income tax withheld		8 Advance EIC payment	
016-42-8261		51,660.00		264,988.63	
12 Employee's name, address, and ZIP code		10 Wages, tips, other compensation		11 Social security tax withheld	
David M. Naseman 425 East 51st Street New York, New York 10022		264,988.63		3,604.80	
13 Social security wages		14 Social security tips		15a Fringe benefits incl. in Box 1	
48,000.00					
16					
17 State income tax		18 State wages, tips, etc.		19 Name of state	
21,090.38		264,988.63		New York	
20 Local income tax		21 Local wages, tips, etc.		22 Name of locality	
9,247.16		264,988.63		NYC	
Form W-2 Wage and Tax Statement 1989					
Dept. of the Treasury					



1 Employer ID. #	2 Employer state ID. #	3 Allocated tips	4 Advance EIC payment	5 Copy D for Employees Federal Tax Return	
13-3247448		0.00	0.00	6 Federal income tax withheld	
X	X			20,965.58	
7 PERS PLAN		8 Employee's social security number		711 Social security tax withheld	
X		514-44-4960		3,604.80	
9 Employee's name, address and ZIP code		10 Wages, tips, other compensation		14 Social security tips	
INFO SOLUTIONS 4 WEST RED OAK LANE, WHITE PLAINS NY 10604		141,514.00		0.00	
12 Employee's name, address and ZIP code		13 Social security wages		16x Fringe Benefits incl. in Box 10	
TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022		48,000.00		385.00	
		16 401K/SSP DEFERRED 7,627.00		FLEX NET ADDIT. DMP 11.62	
		18 GROUP TERM LIFE INSURANCE 1,308.48		DEFERRED CARE SPENDING ACCT 0.00	
		17 State income tax 10,528.52		19 Name of state NEW YORK	
		18 State wages, tips, etc. 141,514.00		22 Name of locality NEW YORK CITY	
		20 Local income tax 4,850.33			
Form W-2 Wage and Tax Statement 16-0231690 This information is being furnished to the Internal Revenue Service					
OMB 1545-0008 YEAR 1989					

Department of the Treasury - Internal Revenue Service

TH445



**Republic National Bank of New York**  
 452 Fifth Avenue • New York, New York 10018  
 MEMBER FDIC  
 EIN. NO. 13-2774727

1989

FORM 1099 - INT.

R-031  
 DAVID M NASEMAN  
 TOEHL HARDING  
 425 EAST 51ST ST  
 APT 5A  
 NEW YORK NY 10022

**STATEMENT OF INTEREST INCOME—RETAIN FOR INCOME TAX PURPOSES**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please contact your branch or call us at (212) 944-9616 IMMEDIATELY to report any errors or discrepancies on this form.

SEE REVERSE  
OF FORM FOR  
EXPLANATION

TAXPAYER'S ID. NO.	DE. NO.	ACCOUNT NUMBER	DESCRIPTION OF ACCOUNT
[REDACTED]	031	0318181371	INSURED MONEY DIRECTOR
DATE OF ISSUE	MATURITY DATE	FACE AMOUNT	INTEREST RATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CERTIFICATE NUMBERS	A INTEREST	B INTEREST/VALUE PREMIUMS/RECEIVED	C TOTAL ITEMS A + B
[REDACTED]	34,999.77	.00	34,999.77
D FED. TAXES WITHHELD	E EARLY WITHDRAWAL PENALTY		
[REDACTED]	.00		.00

CERTIFICATE OF DEPOSIT INFORMATION SHOWN IN THE  
 SHADED AREAS IS PROVIDED FOR INFORMATION PURPOSES  
 ONLY AND IS NOT BEING FURNISHED TO THE INTERNAL  
 REVENUE SERVICE

SUBSTITUTE FORM 1099-INT.  
 U.S. TREASURY DEPT.  
 INTERNAL REVENUE SERVICE  
 OMB NO. 1545-0112

FORM-INTA/2  
1099

TH446



**Republic National Bank of New York**  
 452 Fifth Avenue • New York, New York 10018  
 MEMBER FDIC  
 E.I.N. NO. 13-2774727

1989

FORM 1099 - INT.

R-031  
 DAVID NASEMAN  
 C/O LIN BROADCASTING  
 1370 AVENUE OF THE AMERICAS  
 32ND FLOOR  
 NEW YORK NY 10019

**STATEMENT OF INTEREST INCOME—RETAIN FOR INCOME TAX PURPOSES**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please contact your branch or call us at (212) 944-9616 IMMEDIATELY to report any errors or discrepancies on this form.

SEE REVERSE  
OF FORM FOR  
EXPLANATION

TAXPAYER'S ID. NO.	BR. NO.	ACCOUNT NUMBER	DESCRIPTION OF ACCOUNT
[REDACTED]	031	0318188309	INSURED MONEY DIRECTOR
DATE OF ISSUE	MATURITY DATE	FACE AMOUNT	INTEREST RATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CERTIFICATE NUMBERS	A INTEREST	B INTEREST/VALUE PREMIUMS/RECEIVED	C TOTAL ITEMS A + B
[REDACTED]	18,985.76	.00	18,985.76
D FED. TAXES WITHHELD	E EARLY WITHDRAWAL PENALTY		
[REDACTED]	.00		.00

CERTIFICATE OF DEPOSIT INFORMATION SHOWN IN THE  
 SHADED AREAS IS PROVIDED FOR INFORMATION PURPOSES  
 ONLY AND IS NOT BEING FURNISHED TO THE INTERNAL  
 REVENUE SERVICE

SUBSTITUTE FORM 1099-INT.  
 U.S. TREASURY DEPT.  
 INTERNAL REVENUE SERVICE  
 OMB NO. 1315-0112

FORM-INTA7

TH447

Merrill Lynch

## Tax Reporting Statement

ACCOUNT NO. 891-46551	F/C NO. 1020	PAGE NO. 1	TAXPAYER ID OR SS 514-44-4960
--------------------------	-----------------	---------------	----------------------------------

MS TOEHL HARDING  
425 EAST 51 ST STREET APT 5 A  
NEW YORK NY 10022-6449

1989 CONSOLIDATED TAX REPORTING STATEMENT  
1099 FORMS

XX 10022-6449

MERRILL LYNCH, PIERCE,  
FENNER & SMITH, INC.  
ONE LIBERTY PLAZA  
165 BROADWAY  
NEW YORK, NY 10006

FEDERAL IDENTIFYING NUMBER  
13-5674085

CASH ACCOUNT  
FOR SERVICE CALL:  
1-800-ML-HELPS  
1-800-654-3577

## SUMMARY OF 1989 REPORTABLE ACTIVITY

DIVIDENDS AND OTHER DISTRIBUTIONS  
OMB NO. 1545-0110

## 1099-DIV

	AMOUNT
IA GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK.....	\$1,694.64 *
IB ORDINARY DIVIDENDS.....	\$1,694.64
IC CAPITAL GAIN DISTRIBUTIONS.....	\$0.00
ID NON-TAXABLE DISTRIBUTIONS.....	\$0.00
IE INVESTMENT EXPENSES INCLUDED IN LINE IA.....	\$0.00
1 FEDERAL INCOME TAX WITHHELD.....	\$0.00
2 FOREIGN TAX PAID.....	\$0.00
3 FOREIGN COUNTRY OR U.S. POSSESSION.....	\$0.00
4 LIQUIDATION DISTRIBUTIONS - CASH.....	\$0.00
5 LIQUIDATION DISTRIBUTIONS - NON-CASH.....	\$0.00
* LINE IA IS THE SUM OF LINES IB, IC, ID AND IE. FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED AN EXPLANATION OF YOUR CONSOLIDATED 1989 TAX REPORTING STATEMENT	

INTEREST INCOME  
OMB NO. 1545-0112

## 1099-INT

	AMOUNT
1 INTEREST ON BONDS AND CERTIFICATES OF DEPOSIT.....	\$0.00 *
2 AMOUNT OF FORFEITURE.....	\$0.00
3 U.S. SAVINGS BONDS, ETC.....	\$0.00 *
4 FEDERAL INCOME TAX WITHHELD.....	\$0.00
5 FOREIGN TAX PAID.....	\$0.00
6 FOREIGN COUNTRY OR U.S. POSSESSION.....	\$0.00
* YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3.	
* INVESTMENT EXPENSES INCLUDED IN LINE 1.....	\$0.00

ORIGINAL ISSUE DISCOUNT  
OMB NO. 1545-0117

## 1099-OID

	AMOUNT
1 TOTAL ORIGINAL ISSUE DISCOUNT.....	\$0.00 3%
2 AMOUNT OF FORFEITURE.....	\$0.00
3 FEDERAL INCOME TAX WITHHELD.....	\$0.00

\*\* FOR MORE INFORMATION REGARDING THIS AMOUNT,  
PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED  
AN EXPLANATION OF YOUR CONSOLIDATED 1989 TAX REPORTING STATEMENT XX

CROSS PROCEEDS FROM DISPOSITIONS OF SECURITIES  
OMB NO. 1545-0715

## 1099-B

	AMOUNT
1 GROSS PROCEEDS LESS COMMISSIONS.....	\$0.00
2 FEDERAL INCOME TAX WITHHELD.....	\$0.00

This is information for your tax records. It is not a tax document. If you do not report it on your tax return, a negligence penalty or other sanctions will be imposed on you if any of this income is taxable and the IRS determines that it has not been reported.

Code 7052 (R 11-88)

TH448

IT-201

For office use only		Part 1a - State Department of Taxation and Finance	
		Resident Income Tax Return New York State • City of New York • City of Yonkers For the year Jan. 1 — Dec. 31, 1989, or fiscal tax year beginning _____, 1989, ending _____	
Attach labels or print or type		Last name <b>Naseman, David M. &amp; Harding, Toth</b> First name and middle initial (if joint return, enter both names) Mailing address (number and street or rural route) <b>425 East 51st Street</b> Apartment number <b>5B-6A</b> City, village or post office <b>New York</b> State <b>ZIP code</b> <b>10022</b> New York State county of residence <b>New York</b> School district name <b>Manhattan</b> School district code number <b>309</b>	
		Your social security number Spouse's social security number New York State county of residence School district name School district code number	
Check only one box		In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see Instructions, page 1B). Permanent home address (number and street or rural route) _____ Apartment number _____ City, village or post office _____ State _____ ZIP code _____ If taxpayer is deceased, enter first name and date of death, _____ / _____ / _____	
(A) Filing Status		① <input type="checkbox"/> Single ② <input checked="" type="checkbox"/> Married filing joint return (enter spouse's social security number above) ③ <input type="checkbox"/> Married filing separate return (enter spouse's social security number above) ④ <input type="checkbox"/> Head of household (with qualifying person) ⑤ <input type="checkbox"/> Qualifying widow(er) with dependent child	
Federal Income and Adjustments		(B) Did you itemize your deductions on your 1989 federal income tax return? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box _____ (E) Enter the number of exemptions claimed from your federal return, line 6e _____	
Attach copy of wage and tax statements here		Enter your income items and total adjustments exactly as they appear on your federal return (see Instructions, page 9).	
New York Adjusted Gross Income		1 Wages, salaries, tips, etc. .... 2 Taxable interest income .... 3 Dividend income .... 4 Taxable refunds of state and local income taxes (also enter on line 24 below) .... 5 Alimony received .... 6 Business income or (loss) (attach copy of federal Schedule C, Form 1040) .... 7 Capital gain or (loss) (attach copy of federal Schedule D, Form 1040) .... 8 Capital gain distributions not reported on line 7 .... 9 Other gains or (losses) (attach copy of federal Form 4797) .... 10 Taxable amount of IRA distributions .... 11 Taxable amount of pensions and annuities .... 12 Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040) .... 13 Farm income or (loss) (attach copy of federal Schedule F, Form 1040) .... 14 Unemployment compensation (insurance) .... 15 Taxable amount of social security benefits (also enter on line 25 below) .... 16 Other income (see Instructions, page 9) Identify: .... 17 Add lines 1 through 16 .... 18 Total federal adjustments to income (see Instructions, page 10) Identify: ....	
Attach check or money order here		19 Subtract line 18 from line 17. This is your federal adjusted gross income .... <b>New York Additions: (see Instructions, page 10)</b> 20 Interest income on state and local bonds (but not those of New York State and local governments within the state) .... 21 Accelerated cost recovery system (ACRS) deduction (from Form IT-399, line 1, column G; attach form) .... 22 Other (see Instructions, page 10) Identify: .... 23 Add lines 19 through 22 .... <b>New York Subtractions: (see Instructions, page 11)</b> 24 Taxable refunds of state and local income taxes (from line 4 above) .... 25 Taxable amount of social security benefits (from line 15 above) .... 26 Interest income on US government bonds .... 27 Pension and annuity income exclusion .... 28 New York State depreciation (from Form IT-399, line 1, column F; attach form) .... 29 Other (see Instructions, page 12) Identify: .... 30 Add lines 24 through 29 .... 31 Subtract line 30 from line 23. This is your New York adjusted gross income ....	

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IT-201 (1989) (back)

If you took the standard deduction on your federal return, skip lines 32 through 46 and continue on line 47.

32	Medical and dental expenses (from federal Schedule A, line 4).....	32	00
33	Taxes you paid (from federal Schedule A, line 9).....	33	164,497 87
34	Interest you paid (from federal Schedule A, line 13).....	34	6,605 57
35	Gifts to charity (from federal Schedule A, line 17).....	35	17,042 50
36	Casualty and theft losses (from federal Schedule A, line 18).....	36	00
37	Moving expenses (from federal Schedule A, line 19).....	37	00
38	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 20).....	38	00
39	Other miscellaneous deductions (from federal Schedule A, line 25).....	39	00
40	Total itemized deductions (from federal Schedule A, line 26).....	40	188,145 94
41	State, local and foreign income taxes included on line 33 (see instructions).....	41	154,396 24
42	Subtract line 41 from line 40.....	42	33,749 70
43	Other adjustments (see Instructions, page 13).....	43	00
44	Line 42 and add or subtract line 43.....	44	33,749 70
45	Itemized deduction adjustment (if line 41 is more than \$100,000, see instructions, page 13; all others enter "0" on line 45).....	45	00
46	Subtract line 45 from line 44. This is your Itemized deduction.....	46	33,749 70
47	Enter the amount from line 31 on the front page (This is your New York adjusted gross income).....	47	462,162 80
48	Check appropriate box and enter the larger of: OR your standard deduction from instructions, page 14, or your itemized deduction from line 46.....	48	33,749 70
49	Subtract line 48 from line 47.....	49	428,433 10
50	Dependent exemptions (from line c of Dependent Exemption Worksheet, Instructions page 14).....	50	— 000 00
51	Subtract line 50 from line 49. This is your taxable income.....	51	428,433 10
52	New York State tax on line 51 amount (use New York State Tax Table on yellow pages 27 through 34).....	52	33,021 36
53	NY State child and dependent care credit - number of qualifying persons _____ taxed for in 1989 (from worksheet, page 14) * amount of federal credit for child and dependent care _____ 53	53	00
54	New York State household credit (from Worksheet I or II, Instructions page 15).....	54	00
55	Other New York State credits (from Form IT-201-ATT, line 7; attach form).....	55	00
56	Add lines 53, 54, and 65.....	56	00
57	Subtract line 56 from line 52 (if line 56 is more than line 52, enter "0").....	57	33,021 36
58	Other New York State taxes (from Form IT-201-ATT, line 15; attach form).....	58	00
59	Add lines 57 and 58. This is the total of your New York State taxes.....	59	33,021 36
60	City of New York resident tax (use City of NY Tax Table on white pages 35-42).....	60	14,238 73
61	City of NY household credit (from Worksheet III or IV, page 15).....	61	—
62	Subtract line 61 from line 60 (if line 61 is more than line 60, enter "0").....	62	14,238 73
63	City of New York nonresident earnings tax (attach Form NYC-203).....	63	00
64	Other city of New York taxes (from Form IT-201-ATT, line 19; attach form).....	64	00
65	City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 10).....	65	00
66	City of Yonkers nonresident earnings tax (attach Form Y-203).....	66	00
67	Part-year city of Yonkers resident income tax surcharge (attach Form IT-380-1).....	67	00
68	Add lines 62 through 67. This is the total of your New York City and Yonkers taxes.....	68	14,238 73
69	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 8 and 16).....	69	20 00
70	Add lines 59, 68 and 69. This is the total of your New York State, New York City and Yonkers taxes, and Gift to Wildlife.....	70	47,280 09
71	Real property tax credit (from Form IT-214, line 17; attach form).....	71	00
72	Total New York State tax withheld (attach wage and tax statements to front).....	72	31,618 90
73	Total city of New York tax withheld (attach wage and tax statements to front; see instructions).....	73	14,097 49
74	Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions).....	74	00
75	Estimated tax paid/Amount paid with Form IT-370.....	75	00
76	Add lines 71 through 75. This is the total of your payments.....	76	45,716 39
77	If line 76 is more than line 70, enter amount overpaid (also complete line 78 or 79, or both).....	77	00
78	Amount of line 77 to be refunded to you.....	78	00
79	Amount of line 77 to be applied to your 1990 estimated tax.....	79	00
80	If line 76 is less than line 70, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and "1989 Income tax" on it).....	80	1,543 70
81	Check this box <input type="checkbox"/> if Form IT-201-5 is attached (see instructions, page 16).....	81	00

## Payments

## Refund/Owe

Paid  
Preparer's  
Use Only

Preparer's signature

Date      Check if self-employed 

Name (if yours, or self-employed)

Preparer's social security number

Address

Employer identification number

Sign  
Your  
Return

Your signature  
*Donald M. Ferguson*

Date  
4-13-90

Spouse's signature (if joint-return)

*Bell Sterling*

Date  
4-13-90

TH450

1 Control number	... OMB No. 1545-0008	Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared <input type="checkbox"/>						
2 Employer's name, address, and ZIP code  <b>LIN BROADCASTING CORPORATION</b> 1370 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10019		3 Employer's identification number  <b>13-62-0673800</b>	4 Employer's state I.D. number					
5 Statutory employee	Deceased	Person plan	Legal rep	942 emp	Social Security compensation	Deferred compensation	Voc	
6 Allocated tips		7 Advance EIC payment						
8 Employee's social security number <b>086-42-8261</b>	9 Federal income tax withheld <b>51,600.00</b>	10 Wages, tips, other compensation <b>264,988.63</b>	11 Social security tax withheld <b>3,604.80</b>					
12 Employee's name, address, and ZIP code  David M. Naseman 425 East 51st Street New York, New York 10022	13 Social security wages <b>48,000.00</b>	14 Social security tips						
15		16a Fringe benefits incl. in Box 10						
17 State income tax <b>21,090.38</b>	18 State wages, tips, etc. <b>264,988.63</b>	19 Name of state <b>New York</b>						
20 Local income tax <b>9,247.16</b>	21 Local wages, tips etc <b>264,988.63</b>	22 Name of locality <b>NYC</b>						
Form W-2 Wage and Tax Statement 1989								

Merrill Lynch  
Ready Assets Trust

THE BANK OF NEW YORK, WHITE PLAINS, NEW YORK 13  
50-605218  
4/13 1989

PAY TO  
THE ORDER OF NY State Income Tax  
One thousand five hundred forty three and 70/100 DOLLARS

MINIMUM OF \$500  
ACCOUNT 80145561  
Toehl Harding

TOEHL HARDING  
425 EAST 51 ST STREET APT 5 A  
NEW YORK NY 10022

100-2140235260063 842623423 0013

3 Employer I.D. # <b>13-3247448</b>	4 Employer state I.D. # <b>NEP CORP</b>	5 Allocated tips <b>0.00</b>	6 Advance EIC payment <b>0.00</b>	Fold, Tear, or Pull Copy for City or Local Tax Department
7 FERS PLAN <input checked="" type="checkbox"/>	X		8 Employee's social security number <b>514-44-4960</b>	9 Federal income tax withheld <b>20,965.58</b>
10 Employer's name, address and ZIP code  <b>INFO SOLUTIONS</b> 4 WEST RED OAK LANE WHITE PLAINS NY 10604			10 Wages, tips, other compensation <b>141,514.00</b>	11 Social security tax withheld <b>3,604.80</b>
12 Employee's name, address and ZIP code  TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022			13 Social security wages <b>48,000.00</b>	14 Social security tips <b>0.00</b>
15 1989 AD/R/K/SSPA DEFERRED <b>BSON31290107</b>			16 Fringe benefits incl. in Box 10 <b>7,627.00</b>	17 State income tax <b>10,528.52</b>
				18 State wages, tips, etc. <b>141,514.00</b>
				19 Name of state <b>NEW YORK</b>
				20 Local income tax <b>4,850.83</b>
				21 Local wages, tips, etc. <b>141,514.00</b>
				22 Name of locality <b>NEW YORK CITY</b>
Form W-2 Wage and Tax Statement Employee's and Employer's copy compared <input type="checkbox"/>				
OMB 1545-0008 YEAR 1989				

